## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for instrument for artifactions. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					: A certificate of s) Transmittal. Th	mailing is certific	can only be used for	r domestic mailings of the or any other accompanying	
					rs. Each additiona its own certificate	l paper, of mail	such as an assignmening or transmission.	r domestic mailings of the or any other accompanying at or formal drawing, must	
30437 7590 08/14/2007 NUMERICAL C/O HAYNES BEFFEL & WOLFELD LLP					ECTRON	tificate (	of Mailing or Transi	nission'	
PO BOX 366	I her State	eby certify that the s Postal Service v	is Fee(s)	Transmittal is being cient postage for firs	deposited with the United t class mail in an envelope above, or being facsimile				
HALF MOON BA	addre trans	essed to the Mail mitted to the USP	TO (571)	SSUE FEE address ) 273-2885, on the da	above, or being facsimile ate indicated below.				
					Amy Jonsson (Depositor's name)				
			Civily JOH		unon	(Signature)			
					08 1	Novemb	er 2007	(Date)	
APPLICATION NO.	FILING DATE	,	, FIRST NAMED INVENT		ATTORNE		NEY DOCKET NO.	CONFIRMATION NO.	
10/799,073	10/799,073 03/12/2004		Michel Luc Cote		NMT		MTI 1002-26	8538	
FITLE OF INVENTION: DESIGN AND LAYOUT OF PHASE SHIFTING PHOTOLITHOGRAPHIC MASKS									
			1	T		T			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		<b>\$</b> 0		\$1700	11/14/2007	
EXAMI	NER	ART UNIT	CLASS-SUBCLAS	s					
ROSASCO, ST		1756	430-005000						
<ol> <li>Change of corresponder CFR 1.363).</li> </ol>	For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys     1 Kenta Suzue					ızue			
Change of corresponded Address form PTO/SB/	or agents OR, alternatively,				Haynes 1	Beffel & Wolfeld			
"Fee Address" indic	(2) the name of a single firm (having as registered attorney or agent) and the na 2 registered patent attorneys or agents.			a member a 2 LLP					
PTO/SB/47; Rev 03-02 Number is required.	listed, no name wi	2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
SYNOPSYS, INC	MOUNTAIN VIEW, CA								
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government									
4a. The following fee(s) ar  Issue Fee	<ul> <li>b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> </ul>								
Dublication Fee (No	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500869 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
• •				· · · · · · · · · · · · · · · · · · ·					
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.									
Authorized Signature _	LOG W	V			Date		ber 2007		
Typed or printed name	KENTA STZUE				Registration N	lo	145		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)									
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.									
Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.									
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									